ACC.14
TCT@ACC-i2 | innovation in intervention

A1564
JACC April 1, 2014
Volume 63, Issue 12

Stable Ischemic Heart Disease

IS ASPIRIN BENEFICIAL FOR ALL PATIENTS WITH CHRONIC STABLE CORONARY ARTERY DISEASE?

Poster Contributions
Hall C
Saturday, March 29, 2014, 3:45 p.m.-4:30 p.m.

Session Title: Old and Novel Therapies for Ischemic Heart Disease
Abstract Category: 25. Stable Ischemic Heart Disease: Clinical
Presentation Number: 1157-331

Authors: *Anthony A. Bavry, Yan Gong, Eileen Handberg, Rhonda Cooper-DeHoff, Carl Pepine, University of Florida, Gainesville, FL, USA*

Background: The objective of the study was to determine if aspirin use is associated with a reduction in cardiovascular events among "high risk" hypertensive patients with chronic stable coronary artery disease (CAD).

Methods: Observational analysis was conducted from the INternational VErapamil-SR/Trandolapril STudy database. Participants were enrolled at international ambulatory care clinics and were at least 50 years of age with clinically stable CAD. Aspirin use (any dose) was updated at each clinic visit and considered as a time-varying covariate in a Cox regression analysis.

Results: Slightly more than half of participants reported aspirin use at baseline, which increased to 70% by the last visit. Over 90% of participants reported aspirin use during at least one clinic visit. Among participants with a prior ischemic event (myocardial infarction, unstable angina, stroke, or transient ischemic attack; n = 9,485) aspirin use was associated with a reduction in all-cause mortality, myocardial infarction, or stroke at a mean of 2.7 years; HR = 0.87, 95% CI (0.77 - 0.99), p = 0.03. Among those with no prior ischemic event (n = 13,091) aspirin use was not associated with a reduction in these events; HR = 1.11, 95% CI (0.97 - 1.28), p = 0.13. Other outcomes are provided in the table.

Conclusions: Among hypertensive CAD patients, aspirin use after an ischemic event is associated with reduced risk; however, among similar patients without a prior event, aspirin is not associated with a reduction in risk.

Table. Association of time-varying aspirin use and cardiovascular outcomes

No prior ischemic event (n=13,091)	Outcome	Events (%)	Rate per 1000 pt-yr	HR	95% CI	P value
	All-cause death, MI or stroke	980 (7.5%)	28.1	1.11	0.97-1.28	0.13
	All-cause death, MI, stroke, or bleeding	1040 (7.9%)	29.9	1.12	0.98-1.28	0.10
	CV death, MI, or stroke	597 (4.6%)	17.1	1.18	0.99-1.43	0.06
	All-cause mortality	775 (5.9%)	22.0	0.97	0.83-1.14	0.74
	CV mortality	382 (2.9%)	10.9	0.97	0.77-1.21	0.76
	Nonfatal MI	125 (1.0%)	3.6	1.23	0.81-1.86	0.34
	Nonfatal stroke	102 (0.8%)	2.9	1.86	1.22-2.83	0.0039
Prior Ischemic event (n = 9,485)						
	All-cause death, MI or stroke	1289 (13.6%)	49.3	0.87	0.77-0.99	0.03
	All-cause death, MI, stroke, or bleeding	1377 (14.5%)	53.0	0.88	0.78-0.99	0.039
	CV death, MI, or stroke	808 (8.5%)	30.9	1.04	0.88-1.23	0.65
	All-cause mortality	991 (10.5%)	37.1	0.79	0.68-0.91	0.0011
	CV mortality	480 (5.1%)	18.0	0.96	0.78-1.19	0.74
	Nonfatal MI	179 (1.9%)	6.8	1.26	0.88-1.81	0.21
	Nonfatal stroke	177 (1.9%)	6.7	1.05	0.75-1.48	0.77

CV = cardiovascular, HR = hazard ratio, MI = myocardial infarction